

OC accepted on 2/20/09
B.W.

PRINTED: 10/20/2008
FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS63AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER MONTHILL PALMS		STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey and Complaint Investigation conducted in your facility on September 8, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons which provides care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharge file was reviewed. Complaints #NV00015502 and #NV00017273 were substantiated. See Tags Y276, YA174, YA977, and YA980.	Y 000		
Y 072 SS=D	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.	Y 072		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Michelle Raudick TITLE ADMINISTRATOR 12-7-08 (X6) DATE

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5899

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If continuation sheet 1 of 19

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Y 072	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure 1 of 4 caregivers had the required three-hour medication management refresher training every three years. Findings include: The file for Employee #1 contained a medication administration certificate dated 3/24/05. The file did not contain evidence this employee completed the required three hour medication refresher training. Severity: 2 Scope: 1	Y 072		
Y 151 SS=A	449.204(1)(b) Insurance NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the facility could not provide evidence a contract of insurance for protection against liability to third persons was being maintained. Findings include:	Y 151	Employee #1 took his medication training on Nov. 14, 2008. Enb. 1 Employee and residents' records will be checked every 6 months to ensure that all paperwork is current. Administration is in charge.	11-14-08 ok✓ 1/8/09

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Continuation sheet 2 of 19

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Y 151	Continued From page 2 The facility's insurance policy available at the facility showed an expiration date of 11/07. The administrator stated that she did not have a copy of a current policy at the facility. Severity: 1 Scope:1	Y 151	The Certificate of Liability Insurance was posted at the facility with an expiration date of 3-28-2009.	11-14-08 ok GW 11/8/09
Y 272 SS=C	449.2175(3) Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the administrator did not ensure that menus were prepared in advance, dated, posted, and kept on file for 90 days. Findings include: The menu that was posted in the facility was dated February 2007. The administrator stated that menus had not been updated or kept on file for 90 days. Severity: 1 Scope: 3	Y 272	Exh. 2 - Certificate of Liability. Employer was advised and instructed to make sure that he knows where the licenses, certificates, etc are.	
Y 276 SS=F	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual	Y 276	Administrator will be in charged to monitor that all licenses, certificates are current Exh 2 - A - menu	ok GW 11/8/09

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Y 276	Continued From page 3 preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the administrator did not ensure meals were prepared with a variety of foods. Findings include: The Bureau received a complaint regarding the facility using primarily ground beef, mashed potatoes and canned vegetables and fruits for its meals, rather than a variety of meats with fresh fruits and vegetables. A tour of the kitchen revealed that ground beef was the primary type of meat in the freezer and in the refrigerator. Employee #1 was making ground beef with mashed potatoes for lunch, along with canned fruit cocktail and canned green beans. This meal did not match what was written on the posted menu. The administrator stated that the facility often used ground beef in the meals because it is easy to for residents to chew. Severity: 2 Scope: 3	Y 276	The facility is serving nutritious and home cooked food. We served all kinds of meat, beef, chicken, pork, Turkey, fish and a variety of vegetables, fresh and frozen and canned. We also served a variety of fruits, fresh and canned. If the meat served is ground beef, there are dozens of recipes for these such as hamburgers, meat loaf, lasagna, sloppy joe, spaghetti, etc, etc. I do serve all these recipes & so is chicken, beef stew, turkey, etc. If I do not serve these kind of food, I will not be spending over \$18,000.00 for food alone for my two homes with less than 12 residents every year. Ekl I have talked to my employees to make sure that food served at the facility is	sk ✓ GW 11/8/09 11-15-08
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected,	Y 435		

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Y 435	Continued From page 4 recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure facility fire extinguishers were inspected annually. Findings include: During the survey, it was observed the facility fire extinguishers had tags dated 1/11/07. The extinguishers should have been inspected by 1/11/08. The gauges on all of the extinguishers indicated the extinguishers were still charged. Severity: 1 Scope: 3	Y 435	nutritious and a variety of food. Administrator is in charge for compliance. FIRE Extinguisher was serviced on 12-12-08 Employees were instructed to check on the fire extinguishers every six months to make sure that they are current in reading. Administrator is in charge.	12-12-08 ok fw 1/9/09
Y 773 SS=F	449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or This Regulation is not met as evidenced by: Based on record review and interview on 9/8/01, the facility did not ensure glucose testing for 1 of 1 residents could be performed without assistance.	Y 773	Exh. 4. Annual Extinguishers service from ACE FIRE system.	

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continuation sheet 5 of 19

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Y 773	Continued From page 5 Findings include: A review of Resident #1's Medication Administration Record (MAR) revealed that glucose levels had been taken by Employee #1 since 7/1/08. Employee #4 stated that Employee #1 tested the the resident's blood sugar (B/S) levels every morning. On 9/8/08, it was documented that Resident #1's B/S level was 264 before breakfast. Employee #1 stated that the home health nurse had told him to check the B/S levels every morning; however, the resident's file did not contain documentation of this order. Severity: 2 Scope: 3	Y 773	Resident # 1 is no longer with the facility. I have instructed the employees that residents who need to test their blood sugar should only be done by the resident him or her self or by relatives or home health nurse. Under no circumstances that they will do it themselves. Administration is in charge for compliance.	11-18-08 OK GW 1/8/09
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility failed to ensure 1 of 3 residents obtained a general physical examination before admission to the facility.	Y 859		

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Continuation sheet 6 of 19

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Y 859	Continued From page 6 Findings include: Resident #2 - Date of admission 5/11/08 - The resident's file did not contain evidence of a general physical examination by her physician. Severity: 2 Scope: 2	Y 859	Resident # 2 was examined by the Dr. on 12-11-08 Exh 5-5A-5-B All paperwork of residents will be checked every month to ensure that they are current and in compliance with regulations. Administration will be in charged.	12-11-08 OK 1/8/09
Y 876 SS=G	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037 Adoption of standards, qualifications and other regulations. 6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (a) The ultimate user's physical and mental condition is stable and is following a predictable course. (b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.	Y 876		

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Y 876	Continued From page 7 Based on record review and interview on 9/8/08, the facility did not ensure a medication prescribed to 1 of 3 residents did not require a daily assessment before given. Findings include: Resident #1's file contained a note dated 9/5/08 from the home health nurse instructing caregivers not to give the resident Digoxin if her pulse was below 60 beats per minute. There was no doctor's order indicating that caregivers were to make assessments regarding when to give Digoxin to the resident. A review of the Medication Administration Record (MAR) for resident revealed that Employee #1 had been taking the pulse of the resident daily and had been making a determination as to whether or not to give the resident Digoxin. The MAR indicated that the employee had not given the resident Digoxin on 9/6/08 and 9/7/08, when her pulse read 52 and 50 respectively. The resident was not able to determine her need for the medication and the determination of the resident's need for the medication was not made by a medical professional qualified to make that decision. Severity: 3 Scope: 1	Y 876	Resident #1 is no longer with the facility. She left a few days after the survey. I have instructed the employees not to give any medication with out specific instruction from residents' physician. I will make sure that this will never happen again. Administration is in charge for compliance.	11-18-08 OK BW 1/8/09
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:	Y 878		

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6899

8MO811

If continuation sheet 8 of 19

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Y 878	Continued From page 8 (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the facility did not ensure a medication was given as prescribed to 1 of 3 residents. Findings include: Review of the file for Resident #4 revealed the resident had been prescribed Ipratropium Bromide with a nebulizer on 6/10/08. Employee #4 stated a nebulizer machine had not been delivered. The employee stated she received a discontinue order by phone, but did not have evidence of the order in the record. Severity: 2 Scope: 2	Y 878	(NOTE: THERE IS NO RESIDENT #4. S/B #1) Resident #1 is no longer living in the facility. Instructed all employees to get a written order from the DR. for any discontinued medication. Administration is in charge for compliance	11-14-08 OK ✓ BW 1/8/09
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885		

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6899

8MO811

If continuation sheet 9 of 19

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Y 885	Continued From page 9 destruction of medication. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred. Findings include: A tour of the facility revealed a medication in the refrigerator (Lantus insulin) and medications in the bedroom of Resident # 1 (gentian violet 2% solution and Allanfill enzyme) prescribed to discharged residents. Severity: 2 Scope: 3	Y 885	Resident # 1 is no longer with the facility. I have specific instructions to the employees to make sure that all medications that had expired or discontinued will be destroyed and noted in the residents' files. Administrator will monitor for compliance.	11-18-08 ok BW 1/2/09
Y 921 SS=F	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility did not ensure medication stored in 2 of 2 refrigerators were kept in a locked box. Findings include: The kitchen refrigerator and a refrigerator located	Y 921	The medication at the refrigerator was owned by one of the employees who is no longer working in the facility. I held a meeting with the employees & were advised to make	11-18-08 ok BW 1/2/09

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Y 921	Continued From page 10 on the back porch contained bottles of prescribed and over-the-counter medications that were not kept in a locked box. The over-the-counter medications were not labeled with the name of the resident and physician. Severity: 2 Scope: 3	Y 921	<i>sure that medications that need to be refrigerated should be in a locked box. Administrator is in charge for compliance.</i>	
Y 936 SS=E	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure 1 of 3 residents met the tuberculosis (TB) testing requirements. Findings include: Resident #2 - Date of admission 5/11/08 - A one-step TB test was completed on 8/3/07. The file did not contain evidence the resident completed an additional one-step TB test on admission. The resident requires a two-step TB test to meet the requirements. Severity: 2 Scope: 2	Y 936	<i>A 2-step T.B. Test was taken by resident #2 on 9-18 & 21-2008 The residents' & employees' files will be reviewed every 3 months to ensure</i>	<i>11-18-08 okv br 1/8/09</i>

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YA101	Continued From page 12 Employees #2 and #3, both hired on 6/15/08, did not have evidence in the files of a pre-employment physical examination within six months of hire. The employee files also did not contain evidence the employees completed the required two-step TB skin testing. This is a repeat deficiency from survey dated 7/18/07. Severity: 2 Scope: 3	YA101	Employee # 2 & 3 are no longer working in the facility. All paperwork of employees will be reviewed every 6 months to make sure that it is complete & current. Administration is in charge.	
YA174 SS=F	449.209(4)(a-d) Health and Sanitation NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility was not free of hazards and accumulations of refuse. Findings include: 1. There were long pieces of wood with protruding nails piled along the fence along with improperly stored hardware on the east side of	YA174	ALL debris along the eastside of the house have been removed. There are no residents nor employees that smoke either outside or inside the house. The hallway bathroom are used by the employees. Only the 2 bathrooms are used by the residents. A grab bar though, was placed in the hallway bathroom	

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YA174	Continued From page 13 the house, including cans of paints. An irrigation control box was located in the ground next to the patio. The top of the box had been removed and the controls and wires were exposed. There was an ashtray with cigarette butts on top of a padded chair on the back porch. Residents had access to these areas when in the backyard. 2. There were no grab bars for the tub/shower in the hall bathroom. 3. There was no lid on a large outside garbage container. 4. Four posts were missing on the wrought-iron fence at the front of the house. 5. The carpets in the four resident bedrooms had been removed and replaced with linoleum. With removal of the carpet and its padding, the level of the floors in the bedrooms was a 1/2 inch lower than the tiled hallway floor. The 1/2-inch raised edge between the bedrooms and the hallway posed a tripping hazard. 6. A wood floor had been installed in the living room area. The wood edging strip had areas where it was unsecured to the floor and posed a tripping hazard. 7. The ceiling light in the hallway was not working. 8. A hook and eye latch was placed in the top right corner of the hall bathroom door. The eye portion had been painted over and the administrator stated it was not used any longer but had not been removed. 9. The door knob on the inside of the door to the northwest bedroom of Resident #2 had a "child-proof" plastic cover placed over it. The cover was secured with clear packing tape. The cover spun around the knob unless it was squeezed in a certain spot that gripped the knob. Use of the cover on the door knob would restrict a resident with dementia from exiting the room. 10. An oxygen tank kept in the bedroom closet of Resident #2 was unsecured and without a stand.	YA174	all garbage containers outside have lids The posts on the wrought iron fence in front of the house have been destroyed & replaced 3 times in the past year. It doesn't caused any hazard to the residents, and because of hard economic times, I am not replacing it at this time. # 5 & 9 have been taken care of. The oxygen tank in the bedroom of resident # 2 have been removed. A new screen was installed in the south & west bedroom of the	11-18-08 GW 2/19/09	

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If continuation sheet 14 of 19

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YA174	Continued From page 14 The caregiver was not aware the tank was still in the closet from a previous resident. 11. There was no screen on the window in the south bedroom in the facility. The window in the master bedroom could not be opened. Severity: 2 Scope: 3	YA174	facility. The window in the master bedroom can now be opened. Every month the entire facility will be inspected by my repairman to ensure that everything is in working order. Administrator is in charge for compliance.	
YA451 SS=F	449.231(2)(a-f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the administrator did not ensure a first-aid kit was available at the facility. Findings include: There was no first-aid kit at the facility. The administrator stated that she did not have a first-aid kit in the facility, but that she had one in her car. Severity: 2 Scope: 3	YA451	Exh. 8-A. Picture of east side of house Exh. 9. pic of hallway bathroom Exh. 10. Pic of master bedroom window Exh. 11. Northwest bedroom. plastic cover on knob removed there is now a first aid kit at the facility A meeting with the employees was held & instructed them to make sure that the kit should never 11-24-08 OK GW 11/8/09	

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YA977	Continued From page 15	YA977	<i>be removed from the facility. Administrator is in charge for compliance.</i> <i>There are planned activities in our facility for those who are still able to do things like walking, singing, and going to the park or an excursion in the casino for lunch or dinner (we do this once a month). For those who are in the last stages of their disease, the employees massage their legs & arms before they go to bed & when they wake up. They talked to them & asked about their families, friends, jobs to stimulate their brains. They look at family pictures and magazines for them to peruse. I am proud of the</i>	<i>11-20-08</i> <i>GW</i> <i>2/19/09</i>
YA977 SS=F	449.2754(8)(a-d) Alzheimer's Activities NAC 449.2754 8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the resident. The following activities must be conducted at least weekly: (a) Activities to enhance the gross motor skills of the residents; (b) Social activities; (c) Activities to enhance the sensory abilities of the residents; and (d) Outdoor activities. This Regulation is not met as evidenced by: Based on observation, interview, and record review on 9/8/08, the facility failed to provide a program of activities to the meet the needs of 3 of 3 residents. Findings include: The Bureau received a complaint concerning the lack of activities provided for the residents at the facility. During the survey, one resident was observed sitting at the kitchen table with her face in her hands while another resident sat in a recliner watching TV. A third resident was visited by family members and then later was sat at the dining room table with magazines in front of her. There was an undated calendar of activities posted on the kitchen wall and the administrator reported the caregivers did not attempt to provide the activities listed on the posted calendar. The	YA977		

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If continuation sheet 16 of 19

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YA977	Continued From page 16 administrator stated the residents were "too confused" because of their dementia to participate in any of the types of activities that she would do with non-demented residents. There was no evidence that activities had been planned to enhance the gross motor skills and sensory abilities of the residents with dementia; or to promote social interaction. Severity: 2 Scope: 3	YA977	<i>love & care that we give to our residents for the last 11 years. I have instructed my employees to make sure that they stimulate the residents minds & body every day. Administrator is in charge for compliance</i>	
YA980 SS=F	449.2756(1)(a-g) Alzheimers NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for	YA980		

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YA980	<p>Continued From page 17</p> <p>outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. E All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, observation, and interview on 9/8/08, the administrator did not ensure that operational alarms were activated on all doors used to exit the facility; that the yard was maintained in a manner that did not jeopardize the safety of the residents; that all toxic substances were not accessible to the residents of the facility; and that 3 of 4 employees successfully completed the training and continuing education required</p> <p>Findings include:</p> <p>1. The alarms to the front, back, and patio doors were turned off when the surveyors arrived at the facility. The patio door alarm could not be activated by the caregivers and had to be repaired. This is a repeat deficiency from state licensure survey dated 7/18/07.</p> <p>2. The side door from house to the side yard and the fence were unsecured.</p>	YA980	<p>The alarms are loud and have to be turned off when someone enters the facility and has to be turned on again as they enter. The residents are sensitive to noise & this is the reason why</p> <p>11-20-08 GW ✓ 2/19/09</p>	

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YA980	<p>Continued From page 18</p> <p>3. Toxic substances were found unlocked in the following locations: -Bedrooms: wound cleanser spray, hydrogel cream, gentian violet 2% solution -Bathrooms: mouthwash, aloe perineal skin cleanser -Linen closet: wound cleansers, perineal wash, cleanser/foaming disinfectant, rubbing alcohol, body spray, hair spray, gauze sponges, sodium chloride (expired 6/1/07). -Entrance Hall: three bottles of perfume body spray</p> <p>4. Employee #1 (Hire date 6/24/08), Employee #2 (Hire date 6/15/08) and Employee #3 (Hire date 6/15/08) had no evidence in their files of at least two hours of training within the first 40 hours of employment.</p> <p>5. Employee #2 (Hire date 6/15/08) and Employee #3 (Hire date 6/15/08) had no evidence of at least eight hours of dementia training within the first three months of employment.</p> <p>Severity: 2 Scope: 3</p>	YA980	<p>we turn it off when someone enters the house. I instructed the employees to make sure that the back fence door is locked at all times.</p> <p>All toxic substances were now placed in a locked location - by the laundry room.</p> <p>All employees that start in my facility are trained not only 40 hours but for one week, I stayed with them at the facility & trained them on how to handle the residents, their medications, food activities, etc.</p> <p>Employees 2 & 3 are no longer working in the facility.</p> <p>I have a meeting with</p>	11-1808

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If continuation sheet 19 of 19

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employees to make sure
that they comply with
all regulations & always
give their love & respect
to the residents.

Administrator is in charge
for compliance.

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